



VOLUNTEER REGISTRATION FORM

1. Contact Details

First name _____ Last name _____

Preferred Name _____

Home address _____ Suburb _____ Postcode _____

Email address _____ Phone number _____

Emergency contact details:

#	Name	Relationship	Phone Number
1			
2			

Victorian driver's licence number or other form of ID _____

2. Workplace Safety & Wellbeing

Do you have a current:

Police check? Working with children check? Working with vulnerable people check?

3. Considerations

Do you have any special needs or is there anything you would like us to be aware of?

4. Interest Areas

Area(s) in which you would like to volunteer:

Office Admin	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Packing Goods for Post	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>
Managing Social Media	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	Technology	<input type="checkbox"/>
Story Writing	<input type="checkbox"/>	Event Management	<input type="checkbox"/>
Photography	<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>
Downloading Playlists (iTunes)	<input type="checkbox"/>	Musician <small>(instrument)</small> _____	
Basic Stitching of Fabric	<input type="checkbox"/>	Other _____	

5. Availability

Days available for volunteering: _____

Times available: _____

Signed: _____ Date: _____